

IBD – Coronavirus – Parent Survey

Age: _____ Sex: _____ I live in the state of: _____

Child with IBD: Age: _____ Sex: ☐ girl ☐ boy ☐ divers

Number of people living in our household:

☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ more than 5

Occupation in the last 2 months: ☐ home office ☐ working away from home ☐ not working

My child was: ☐ in emergency childcare ☐ Home-schooling ☐ out of home (school/education)

My child's Bowel disease: ☐ Crohn's disease ☐ Ulcerative colitis ☐ indeterminate Colitis

Other medical conditions of my child:

☐ Primarily sclerosing Cholangitis ☐ Asthma, ☐ Rheumatoid arthritis, ☐ Bechterew's disease /Spondyloarthritis Others: _____

Current therapy:

- | | |
|--|--|
| <input type="checkbox"/> Cortisole | <input type="checkbox"/> Mesalazine (Salofalk, Pentasa etc.) |
| <input type="checkbox"/> anti-TNF (Adalimumab (e.g. Humira), Infliximab (e.g. Remicade), Golimumab | |
| <input type="checkbox"/> Vedolizumab (Entyvio) | <input type="checkbox"/> Ustekinumab (Stelara) |
| <input type="checkbox"/> Tofacitinib (Xeljanz) | <input type="checkbox"/> Methotrexat |
| <input type="checkbox"/> Azathioprine / 6-Mercaptopurin (Puri Nethol) | <input type="checkbox"/> supportive nutrition therapy |
| <input type="checkbox"/> exclusive enteral nutrition (Modulen/Alicalm) | |
| <input type="checkbox"/> Other: _____ | |

Have there been any changes regarding the IBD therapy because of Coronavirus-Pandemic?

☐ yes ☐ no ☐ unknown

In case yes, how?: _____

Has your child been vaccinated against the flu in the last 12 months ☐ yes ☐ no

I smoke a cigarette at least one day a week ☐ yes ☐ no

The inflammatory bowel disease of my child is momentarily:

☐ quiet ☐ mildly active ☐ chronically active ☐ in a flare up

I get guidance for my behaviour and that of my child concerning the Coronavirus from (Please name the two most important sources):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> DCCV | <input type="checkbox"/> Robert-Koch-Institut | <input type="checkbox"/> IBD forums |
| <input type="checkbox"/> Television | <input type="checkbox"/> News sites (Internet) | <input type="checkbox"/> Friends/Family |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Pediatrician (GP) | <input type="checkbox"/> Pediatric IBD specialist |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Social media (Facebook, Twitter, Instagram) | |

Please rate the following statements as follows:					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

I feel sufficiently informed about the Coronavirus pandemic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel sufficient informed about the consequences of Coronavirus on my child with IBD

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am scared about a Coronavirus infection:

for myself ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

for my child with IBD ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am scared, that the IBD medication of my child could worsen a Coronavirus infection

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am afraid, that my child or I could get an Coronavirus infection in the hospital

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am afraid, that my child or I could get infected in a private practice

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am afraid, that my child or I to get infected in the supermarket

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I am afraid that my child could get infected in the Nursery/school/at the education site

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I would prefer a video consultation with my child over an outpatient appointment in IBD clinic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I leave the house less frequently than before the Coronavirus pandemic

Me: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

My child with IBD: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I leave the house less frequently than the other family members

Me: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

My child with IBD: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

My child missed important medical appointments because of the Coronavirus-pandemic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

The medical care of my child has worsened due to the Coronavirus pandemic

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please answer the following questions with yes or no

Me or a family member was infected with the Coronavirus

☐ yes ☐ no

Me or a family member had exposure to a Coronavirus infected person

☐ yes ☐ no

We reduced the IBD- medication of our child on our own account

☐ yes ☐ no - if yes, which one? _____

I wear personal protective gear when leaving the house even at locations where not mandatory

Me: ☐ yes ☐ no

My child with IBD ☐ yes ☐ no

I wash my hands more frequently than before.

Me: ☐ yes ☐ no

My child with IBD ☐ yes ☐ no

I tried to contact a physician to talk about the Coronavirus.

☐ yes ☐ no

If yes, which physician

☐ Family physician (GP) ☐ pediatric gastroenterologist ☐ local pediatrician

Were you successful?: ☐ yes ☐ no

If no, why?: _____